



**NORWOOD MEDICAL RESERVE CORPS**  
**NORWOOD HEALTH DEPARTMENT**  
Norwood Town Hall, 566 Washington Street, Norwood, MA 02062  
**Telephone: 781-762-1240**  
[www.norwoodma.gov](http://www.norwoodma.gov)

**VOLUNTEER APPLICATION**

<b>Name:</b>			
Last	First	MI	
<b>Address:</b>			
Street	City	State	Zip
<b>Phone:</b>			
Home	Cell	E-mail	
Work Name: _____		Work #: _____	Pager: _____
Please number contact info in the order to be called: (i.e. home #1, cell #2 work #3)			
<b>Licenses &amp; Certifications</b>			
Medical License (specify type)	State	Number	Expiration
Nursing License (specify type)	State	Number	Expiration
EMT/Paramedic License (specify type)	State	Number	Expiration
Other License (specify type)	State	Number	Expiration
List certifications with expiration dates: (i.e. CPR, ACLS)			
FEMA Certifications: ICS 100 _____ IS 700 (NIMS) _____ Other (Please list) _____			
Have you ever had your professional license suspended or revoked? NO _____ YES _____ (Please attach letter of explanation)			
Have you ever been convicted of a felony, or of a misdemeanor that resulted in imprisonment? NO _____ YES _____			
<b>What are you volunteering for?</b>			
Emergencies ONLY: _____		Emergencies AND Non-emergencies (i.e. Flu clinics, health education): _____	
Local Volunteer ONLY: _____		BOTH local and Regional Volunteer: _____	
<b>Volunteer Interests:</b>			
Clinical Work _____	Administration _____	Phone Bank _____	Deliveries _____ Health Education _____
<b>Language Fluency</b> in addition to English, including sign language. Please circle your capabilities for each.			
Language	Speak & Understand	Read & Translate	Write
Language	Speak & Understand	Read & Translate	Write
<i>All of the information that I have supplied is correct to the best of my knowledge. I give permission for the MRC to release personal information to local, state, and federal emergency management agencies. I further understand I will be required to sign a CORI request form.</i>			
Signature _____		Date _____	